



Fact Sheet:



NARCOTIC TREATMENT PROGRAMS: Frequently Asked Questions

An opiate is a medication or illegal drug, derived from opium poppies, which depresses activity of the central nervous system, reduces pain, and induces sleep. Opiates include heroin, morphine, or any natural opiate identified in the California Uniform Controlled Substances Act. The terms "opiate treatment" and "Replacement Narcotic Therapy" (RNT) are often used interchangeably. In California, persons addicted to opiates may be admitted to a State licensed Narcotic Treatment Program (NTP) for RNT with medications approved by the United States Food and Drug Administration (FDA).

What is RNT?

RNT is the most widely known and well-researched treatment for opiate dependency. The goals of therapy are to prevent abstinence syndrome (relapse), reduce narcotic cravings, and block the euphoric effects of illicit opiate use.

RNT is comprehensive treatment with synthetic opiates approved by the FDA for opiate-addicted patients. Authorized narcotic replacement medications are methadone and levo-alpha-acetyl-methadol (LAAM). They are available to patients receiving treatment in a licensed NTP.

RNT has been shown to be the most successful treatment in helping individuals stop opiate abuse. It has been used for treating opiate abuse for over 30 years and is extremely effective when combined with counseling, medical services, and other necessary treatment to help the patient return to a life without addiction.

The use of methadone and LAAM in the treatment of opiate addiction has been shown to be effective for selected

opiate-addicted patients. To receive these medications in a licensed NTP, all patients are required to participate in a comprehensive treatment program, which includes a medical evaluation and counseling. Patients are also required to comply with body specimen testing to ensure the safety of patients in treatment.

What is Buprenorphine?

In October 2000, the FDA approved Buprenorphine as a medication for opiate dependency. Effective January 2005, the California Health and Safety Code established Buprenorphine as an approved medication to be used in NTPs. The Department of Alcohol and Drug Programs (ADP) is not regulating this medication; therefore, physicians using buprenorphine for opiate addiction treatment must receive a waiver from the Substance Abuse and Mental Health Services Administration (SAMHSA) and comply with the federal requirements.

Phases of RNT

There are two phases of RNT -- Detoxification and Maintenance:

➤ Detoxification:

In this phase of treatment, patients are provided with gradual doses of narcotic replacement medication to prevent withdrawal symptoms.

The State requirements provide up to twenty-one (21) days for detoxification; however, the federal requirements allow up to 180 days for long term detoxification. During detoxification treatment, a patient receives medication in titrate doses to ease adverse physical and psychological effects caused by withdrawal from the use of opiates.

➤ Maintenance:

This phase of treatment provides replacement narcotic medication to patients in sustained, stable, medically determined doses. The purpose is to reduce or eliminate chronic opiate addiction, while the patient is provided a comprehensive range of additional treatment services.

Once patients are maintained on a stable dose level, it is often possible to address their other chronic medical and psychiatric conditions.

A patient's dose will be determined by the physician at the NTP where they are being treated.

Is RNT Effective?

Maintenance treatment has been shown to decrease opiate abuse, assist in preventing the transmission of infectious and communicable diseases among drug users, reduce infant mortality, increase employment, and decrease criminal activity.

Studies show that remaining in treatment for more than six months reduces opiate abuse.

What is Methadone?

Methadone is a long-acting synthetic opiate used in the treatment of opiate addiction. Given to individuals addicted to opiates, it suppresses withdrawal symptoms without producing a euphoric effect.

Methadone is the most widely known pharmacologic treatment for opiate dependence and is effective in reducing opiate abuse and retaining patients in treatment. Ongoing methadone treatment also decreases the risk of contracting infectious and communicable diseases among drug users and is considered a cost-effective intervention.

What is LAAM?

LAAM is an oral liquid narcotic replacement medication for the treatment of opiate addiction. LAAM prevents withdrawal symptoms for up to three days and blocks the euphoric effect of street opiates. This is a maintenance medication that is taken three times per week.

Are the Medications Used for RNT Addictive?

Like several other useful drugs, narcotic replacement medications produce physical dependence. However, the term “addiction” refers to behavior that is compulsive, out of control, and persists in spite of adverse consequences. If someone on RNT is not using illicit drugs and is using only the narcotic replacement medications under the order and care of the NTP physician, this therapy can be viewed as simply another medication.

Do the Medications Used for RNT Have Side Effects?

When used as directed, methadone is a safe alternative for treating opiate addiction. Aside from producing physical dependence, the medications used in RNT have no known serious or prolonged side effects, even when taken daily for several years. They are longer acting than heroin, and are ingested orally rather than injected, which reduces cravings and renders the use of needles unnecessary.

Why Are Medications Used for RNT Helpful in the Treatment of Narcotic Addiction?

Both methadone and LAAM are longer-acting than heroin and other street narcotics. Each medication is effectively ingested orally. Methadone is generally administered only once daily and LAAM is administered every 48 to 72 hours.

None of the problems common with intravenous drug abuse is present with the oral administration of these medications. Rather than cycling from craving to a euphoric state, to

restlessness, and back to craving every few hours as occurs with opiate abuse, the replacement narcotic treatment medications provide patients a much more stabilized life. This stability permits patients to participate in normal daily activities without the disruptive effects of an illicit drug-using lifestyle.

How Are RNT Services Funded?

RNT services in California may be both privately paid and publicly funded. Federal, state, and local funds go to programs through county and direct provider contracts to assist with payment for services to patients who are unable to pay. Funding sources also include Medi-Cal and third-party payers, such as insurance companies.

Who Operates NTPs?

The majority of California's NTPs are privately operated. The remaining NTPs are operated by local government agencies. Treatment aspects of each program are under the supervision of a medical director, who is a licensed medical doctor. Overall program operation is the responsibility of a designated program director.

What is ADP's Role in Licensing and Regulating NTPs?

NTPs are licensed and regulated by ADP. ADP is responsible for ensuring that patients who enroll in NTPs receive therapeutic care and the health and safety of each patient is upheld. Annual inspections are conducted by ADP staff to monitor each NTP for compliance with the California Code of Regulations and other state and federal laws and regulations. ADP works in collaboration with SAMHSA, the Center for Substance

Abuse Treatment (CSAT), and the federal Drug Enforcement Administration (DEA).

How Long Do Patients Stay on RNT?

Patients stay on RNT as long as medically necessary to reduce or eliminate the craving to abuse opiates. A medical decision to discontinue RNT should come directly from the treatment provider's physician after discussing options with the patient as methadone maintenance is a necessary component of an effective treatment plan for the patient. RNT should not be discontinued without the full cooperation of both the physician and the patient.

Is RNT Cost-Effective?

At an average cost of \$11 to \$13 per day, methadone maintenance treatment in particular is clearly a cost-effective alternative to incarceration or hospitalization.

To locate a licensed NTP in your area, call (800) 879-2772 or check the ADP website at <http://www.adp.ca.gov>